Case 20-11047-pmm Doc 22 Filed 08/05/20 Entered 08/05/20 08:41:49 Desc Main Document Page 1 of 2

	Fill in this information to identify your case: Debtor 1											
	otor 2	liobolie			_							
	ouse, if filing)					_						
Uni	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
_	e number 20-11047				(Check if this is	3:					
(If kn	(If known)					_	An amend					
									wing postpetition e following date:			
	fficial Form						MM / DD/	YYYY				
	chedule I:		ome sible. If two married peop							12/1		
spo	use. If you are sep ch a separate she	arated and you	are married and not filin r spouse is not filing wit On the top of any additio	h you, do not include	inforr	nation a	bout your sp	ouse. If	more space is	needed,		
1.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse					
	If you have more	e page with	Employment status	■ Employed			☐ Emp	☐ Employed				
	information about		p.:0,	☐ Not employed	☐ Not employed							
	employers.		Occupation									
	Include part-time, self-employed wo		Employer's name									
	Occupation may i or homemaker, if		Employer's address									
			How long employed th	ere?								
Par	t 2: Give De	tails About Mon	thly Income									
	mate monthly incouse unless you are		ate you file this form. If y	ou have nothing to repo	ort for	any line,	write \$0 in th	e space.	Include your no	n-filing		
	u or your non-filing e space, attach a se		re than one employer, conthis form.	mbine the information fo	or all e	mployers	s for that pers	on on the	e lines below. If	you need		
						For	Debtor 1		Debtor 2 or filing spouse			
2.			ry, and commissions (be calculate what the monthly		2.	\$	0.00	\$	N/A	-		
3.	Estimate and lis		3.	+\$	0.00	+\$	N/A					
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$	0.00	\$	N/A			

Deb	otor 1	Janet M. Pietrobone		_		Case	number (if ki	nown)	20-	11047		
						For	Debtor 1		Fo	or Debtor	2 or	
						1 Of Debitor 1			non-filing spouse			
	Cop	y line 4 here		4.		\$	(0.00	\$		N/A	<u>\</u>
5.		all payroll deductions:										
	5a.	Tax, Medicare, and Social Secur	ity deductions	5a	ì.	\$	(0.00	\$		N/A	١
	5b.	Mandatory contributions for reti	rement plans	5b).	\$	(0.00	\$		N/A	\
	5c.	Voluntary contributions for retire		50) .	\$	(0.00	\$		N/A	
	5d.	Required repayments of retirement	ent fund loans	5d		\$_		0.00	\$		N/A	_
	5e.	Insurance		5e		\$_		0.00	\$		N/A	_
	5f.	Domestic support obligations		5f.		\$_		0.00	\$		N/A	
	5g. 5h.	Union dues Other deductions. Specify:		5g 5h]. 1.+	\$_ \$		0.00	\$ _ \$		N/A	
_	-		5 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		1.Т	Ψ_			-			_
6.		I the payroll deductions. Add lines	, and the second	6.		> _		0.00	\$		N/A	_
7.	Cald	culate total monthly take-home pay	Subtract line 6 from line 4.	7.		\$ _	(0.00	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary b	and from operating a business, ty and business showing gross									
		monthly net income.		8a		\$_		0.00	\$		N/A	_
	8b.	Interest and dividends		8b).	\$_	(0.00	\$		N/A	<u>\</u>
	8c.	regularly receive	ou, a non-filing spouse, or a dependent child support, maintenance, divorce	: 8c		\$		0.00	\$		N/A	
	8d.	Unemployment compensation	iu.	8d		\$ -		0.00	\$		N/A	
	8e.	Social Security		8e		\$_	1,673		\$		N/A	_
	8f.	Other government assistance the Include cash assistance and the va	alue (if known) of any non-cash assistance nps (benefits under the Supplemental	e 8f.		\$,	0.00	\$		N/A	_
	8g.	Pension or retirement income		8g	J.	\$		0.00	\$		N/A	\
			contribution to household									_
	8h.	Other monthly income. Specify:	expenses	8h	1.+	\$_	850	0.00	+ \$		N/A	<u>\</u>
9.	Add	l all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.		\$	2,523	3.60	\$		N/	Ά
10	Cald	culate monthly income. Add line 7	+ line 9	10.	\$		2,523.60	+ \$		N/A	= \$	2,523.60
10.		the entries in line 10 for Debtor 1 and		.0.	Ψ_		2,323.00			11//		2,323.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00											
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.								\$Comb	2,523.60 ined		
13.	Do	you expect an increase or decrease	e within the year after you file this form	?							month	ly income
		No. Yes. Explain:										